

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:22-cv-00194-DRC

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Louis DeJoy, Postmaster General c/o U.S. Attorney
was received by me on *(date)* 4/12/22 . Kenneth L. Parker

I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____ ; or

I returned the summons unexecuted because _____ ; or

Other *(specify)*: I served the the U.S. Attorney for the Southern District of Ohio via certified mail,
return receipt requested, on April 12, 2022, directed to theCivil Process Clerk
at the U.S. Attorney's office. Delivery was made as of April 26, 2022.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: June 3, 2022

*/s/*David N. Truman

Server's signature

David N. Truman, attorney

Printed name and title

Employment Law Partners, LLC

4700 Rockside Road, Suite 530

Independence, OH 44131

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>MIC</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CIV19</i> C. Date of Delivery <i>4-26-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>Civil Process Clerk U.S. Attorney's Office 303 Marconi Blvd. Suite 200 Columbus, OH 43215</i></p> 		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>7015 0640 0002 2617 2287</i> <small>(Transfer from se</small></p>		<p>Domestic Return Receipt</p>	
<small>PS Form 3811. February 2004</small> <small>102595-02-M-1540</small>			